

COSMETOLOGY SECTION P.O. BOX 9026 OLYMPIA, WA 98507-9026 dol.wa.gov

Cosmetology, Barbering, Esthetics, and/or Manicuring School Surety Bond

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KNOW ALL PERSONS BY THESE PRESENTS:	APPLICANT/OWNER
doing business as	BUSINESS NAME
as Principal, at the following address	and
OF WASHINGTON in the sum of	ws of the State of
Cosmetology, Barber, Manicuring, Esthetics Sc Washington for carrying on the business of	I IS SUCH THAT: Whereas, the said principal has made application for a hool license by the Business and Professions Division of the State of within the State of Washington; and is required by Chapter Dollars with good and sufficient surety, conditioned as
and with all rules and regulations adopted by th provisions of Chapter 18.16 RCW and will pay all Chapter 18.16 RCW or any rules or regulations	oly with all the provisions of Chapter 18.16 RCW of the State of Washington e Director of the Department of Licensing, of said state pursuant to the amounts that may be adjudged against Principal by reason of violation of adopted pursuant thereto in the conduct of Principal's business as a shall be null and void; otherwise to remain in full force and effect.
agent of Chapter 18.16 RCW or any rules or regula	nst Principal for damage as a result of any violation by Principal or his/her tions adopted pursuant thereto may bring a suit on this bond in the Superior s located, or of any county in which jurisdiction of the Principal may be had.
the penal sum of this bond. PROVIDED FURTHE days prior to the cancellation of this bond, along wit unless it expressly provides that it will be effective whether because of expiration, suspension, or re	y of the Surety hereunder for any and all claims presented shall not exceed R: That the Business and Professions Divisions shall be notified thirty (30) he the reason for cancellation or termination. No bond filed shall be approved a for one year following the effective date of its cancellation or termination, evocation of the license, or otherwise, as to any covered act or acts and on, or prior to, the effective date of cancellation or termination.
IN WITNESS WHEREOF, the Said Principal and	the Said Surety have affixed their hands and seal this
day of , 20	Effective date of bond:
SIGNATURE OF PRINCIPAL	SURETY
	Name
SIGNATURE OF SOLE OWNER OR INDIVIDUAL AUTHORIZ TO SIGN FOR PARTNERSHIP OR CORPORATION	Attorney-in-Fact
(SURETY SEAL)	Agency Name
	Resident Agent
	Address